

In the United States Patent and Trademark Office

Serial Number: 10/820,561)
Filing Date: 4/8/2004) Examiner: Armando
Rodriguez
Applicant: Tong Zhang)
Appn. Title: Single-Mode Operation and Frequency) GAU: 2828
Conversions for Solid-State Lasers)

Fax: 571-273-6500 (Attn: Refund Branch)

Fax via computer on 9/17/2010
Salt Lake City, UT 84115

To: PTO Refund Branch

Dear Sir or Madam:

PTO has double charged my petition fee of \$810.00 under 37 CFR §1.137(b).

Please help me to refund \$810.00 to my credit card account and let me send my credit card record for your reference.

Tong Zhang, Applicant Pro Se

USPTO QPS 571-272-6500 VA
Transaction Date: 9/2/2010
Post Date: 9/3/2010
Transaction Amount: \$810.00
Reference Number: 0543684L6Q5X92TK1
Merchant Type: Government Services not elsewhere classified

USPTO QPS 571-272-6500 VA
Transaction Date: 9/8/2010
Post Date: 9/9/2010
Transaction Amount: \$810.00
Reference Number: 0543684LQQDNW6BE3
Merchant Type: Government Services not elsewhere classified

Adjustment date: 10/06/2010 CKHLOK
09/08/2010 JADDO01 00000051 10820561
-810.00 OP

Refund Ref:
10/06/2010 0030089307

Credit Card Refund Total: \$810.00

F A X

To: PTO Refund Branch
Fax number: 11808001571-273-6500

From: Tong Zhang
Fax number:
Business phone:
Home phone:

Date & Time: 9/17/2010 6:52:54 PM
Pages: 2
Re: Ask for refund

To: PTO Refund Branch
Ask for refund of the petition fee under under 37 CFR §1.137(b)

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND

1 Date of Request: 10-4-10 2 Serial/Patent # 10/820561

3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
<input type="checkbox"/> Filing				\$
<input type="checkbox"/> Amendment				\$
<input type="checkbox"/> Extension of Time				\$
<input type="checkbox"/> Notice of Appeal/Appeal				\$
<input type="checkbox"/> Petition			<u>9-7-10</u>	\$ 80,00
<input type="checkbox"/> Issue				\$
<input type="checkbox"/> Cert of Correction/Terminal Disc.				\$
<input type="checkbox"/> Maintenance				\$
<input type="checkbox"/> Assignment				\$
<input type="checkbox"/> Other				\$
		7 TOTAL AMOUNT OF REFUND	\$ <u>80,00</u>	
		8 TO BE REFUNDED BY:	<u>CC</u>	
10 REASON:		<input type="checkbox"/> Treasury Check <input type="checkbox"/> Credit Deposit A/C #: -- 		
<input checked="" type="checkbox"/> Overpayment <input checked="" type="checkbox"/> Duplicate Payment <input type="checkbox"/> No Fee Due (Explanation):				
11 REFUND REQUESTED BY:		TYPED/PRINTED NAME: <u>Karen Creasy</u> TITLE: <u>Petitions Examiner</u> SIGNATURE: <u>/Karen Creasy/</u> PHONE: <u>2-3208</u> OFFICE: <u>Petitions</u>		
***** THIS SPACE RESERVED FOR FINANCE USE ONLY *****				
APPROVED: <u>OK</u>		DATE: <u>10/6/10</u>		

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance
Refund Branch
Crystal Park One, Room 802B